

RESPIRATOR FIT TEST RECORD

Print Name _____

Employee Signature _____ Date _____

Social Security Number _____

Division _____ Job Site _____

Date of Test _____ Conducted by _____

Respirator Type:

Manufacturer _____ Model _____

Size _____

Date of last medical exam _____ Type of test _____

Testing agent used _____

Pass _____ Fail _____

Suggestions:

